## REDACTED - FOR PUBLIC INSPECTION Rate Floor Data

|         | ı   | RATE FLOOR                                  | DATA COLL                                  | ECTION - OM                            | B Control Nur           | mber 3060-0986 |  |
|---------|---|---|--|--|-------------------------|----------------|--|
| Block 1 | I - Contact Inform                              | nation                                      |  |  |                         |                |  |
| ROW#    | DATA ELEMENT                                    |   |  | FORMAT OF<br>REQUESTED<br>DATA         | RESPONSE                |                |  |
| 1       | Carrier Study Area Code                         |   |  | 6 numeric digits                       | 472223                  |                |  |
| 2       | Carrier Study Area Name                         |   |  | alpha characters                       | CenturyTel-Gem State-ID |                |  |
| 3       | Service Provider Identification Number          |   |  | 9 numeric digits                       | 143002667               |                |  |
| 4       | Residential Local Service Charge Effective Date |   |  | mm/dd/yyyy                             | 6/1/2015                |                |  |
| 5       | Contact Name                                    |   |  | alpha characters                       | Kenneth W. Buchan       |                |  |
| 6       | Contact Telephone Number (include area code)    |   |  | 9 numeric digits                       | (318) 362-1538          |                |  |
| 7       | Sheet number                                    |   |  | numeric digit(s)                       | 1                       |                |  |
| 8       | Total Number of Sheets                          |   |  | numeric digit(s)                       | 1                       |                |  |
|         |   | Block                                       | 2 - Residential L                          | ocal Service Ra                        | es, Fees, and Lir       | ne Counts      |  |
|         | Column 1<br>Residential Local<br>Service Charge | Column 2<br>State Subscriber<br>Line Charge | Column 3<br>State Universal<br>Service Fee | Column 4<br>Mandatory<br>Extended Area | Column 5<br>Loops       |                |  |

|    | Column 1<br>Residential Local<br>Service Charge | Column 2<br>State Subscriber<br>Line Charge | Column 3<br>State Universal<br>Service Fee | Column 4<br>Mandatory<br>Extended Area<br>Service Charge | Column 5<br>Loops |  |  |  |
|----|---|---|--|--|-------------------|--|--|--|
| 9  | \$ 18.10  | NA  | \$ 0.19                                    | NA   |                   |  |  |  |
| 10 | \$ 18.10  | NA  | \$ 0.19                                    | NA   |                   |  |  |  |
| 11 | \$ 18.10  | NA  | \$ 0.19                                    | NA NA  |                   |  |  |  |
| 12 | \$ 18.10  | NA  | \$ 0.19                                    | NA   |                   |  |  |  |
| 13 | \$ 19.60  | NA  | \$ 0.19                                    | NA NA  |                   |  |  |  |
| 14 | \$ 19.60  | NA  | \$ 0.19                                    | NA   | 1                 |  |  |  |
| 15 | \$ 20.00  | NA  | \$ 0.19                                    | NA NA  |                   |  |  |  |
| 16 | \$ 19.60  | NA  | \$ 0.19                                    | NA   |                   |  |  |  |
| 17 |   |   |  |  |                   |  |  |  |
| 18 |   |   |  |  |                   |  |  |  |
| 19 |   |   |  |  |                   |  |  |  |
| 20 |   |   |  |  |                   |  |  |  |
| 21 |   |   |  |  |                   |  |  |  |
| 22 |   |   |  |  |                   |  |  |  |
| 23 |   |   |  |  |                   |  |  |  |
| 24 |   |   |  |  |                   |  |  |  |
| 25 |   |   |  |  |                   |  |  |  |
| 26 |   |   |  |  |                   |  |  |  |
| 27 |   |   |  |  |                   |  |  |  |
| 28 |   |   |  |  |                   |  |  |  |
| 29 |   |   |  |  |                   |  |  |  |
| 30 |   |   |  |  |                   |  |  |  |
| 31 |   |   |  |  |                   |  |  |  |
| 32 |   |   |  |  |                   |  |  |  |
| 33 |   |   |  |  |                   |  |  |  |
| 34 |   |   |  |  |                   |  |  |  |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data  |        |  |  |          |  |  |  |  |  |
|---|--------|--|--|----------|--|--|--|--|--|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual rate floor data reported; and, to the best of my knowledge, the information reported on this form is accurate. |        |  |  |          |  |  |  |  |  |
| Name of Reporting Carrier: CenturyTel of the Gem State, Inc. d/b/a CenturyLink (Idaho)  |        |  |  |          |  |  |  |  |  |
| Signature of authorized officer Date 6/1/15   |        |  |  |          |  |  |  |  |  |
| Printed name of authorized officer David D. Cole  |        |  |  |          |  |  |  |  |  |
| Title or position of authorized officer   |        |  |  |          |  |  |  |  |  |
| Telephone number of authorized officer: (318) 388 -9000, ext  |        |  |  |          |  |  |  |  |  |
| Study Area Code of Reporting Carrier  | 472223 |  | Filing Due Date for this form (mm/dd/yyyy) | 7/1/2015 |  |  |  |  |  |
|   |        |  |  |          |  |  |  |  |  |